

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 12 1939

State File No. _____

Registration District No. 968

Primary Registration District No. 6184

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Ishmael MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME WILLIAM CALVIN BLAIR
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 28 1866
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)

10. Usual occupation Steel Worker

11. Industry or business _____
12. Name William Blair
13. Birthplace Unknown
14. Maiden name Mary Supton
15. Birthplace Unknown

16. (a) Informant's own signature J. L. Blair
(b) Address 24108 N. 14th St. St. Louis MO
17. (a) Burial (b) Date thereof Nov 7 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nashville, Tenn.
18. (a) Signature of funeral director Bentley and Co
(b) Address 313 Benton St. St. Louis MO
19. (a) Nov-10-1939 (b) Dr. J. E. Houston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town Ishmael
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 4
year 1939 hour 4 minute _____ P. M.
21. I hereby certify that I attended the deceased from Nov 4 1939 to November 4 1939;
that I last saw him alive on Nov 4 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Fall from a Building - Accidental
Duration _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence November 4 - 1939
(c) Where did injury occur? At Home Washington MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home
While at work? yes (Specify type of place) (e) Means of injury At Home
23. Signature J. G. Minchev (M. D. or other) _____
Address Ishmael MO Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonnet Bend Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41084

Do not use this space.

1. PLACE OF DEATH

- (a) County Washington Registration District No. 968
(b) Township Harmony Primary Registration District No. 6184 Registered No.
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wm. Calvin Blair

- (a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Div</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)			
7. AGE YEARS <u>72</u>	MONTHS <u>0</u>	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation	
9. Industry or business in which work was done, as saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1940

22. I HEREBY CERTIFY, That I attended deceased from

..... 19..... to..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

12. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY)

Other contributory causes of importance:

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED Jan 6 1940 Dr. H. Houston
Local Registrar

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. C. Mincher, M. D.

(Address) Liburnum Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

